



# **Hampden District Medical Society**

1111 ELM STREET, SUITE 22  
WEST SPRINGFIELD, MASSACHUSETTS 01089-1540  
TEL.: (413) 736-0661 • FAX: (413) 731-8990  
EMAIL: [hdms@massmed.org](mailto:hdms@massmed.org)

On Thursday, April 28, 2016, 20 high school students from all high schools in Hampden County will get a rare look at life as a doctor, through the High School Doctor for a Day program. The Program has been in existence for 20 years and is designed to provide junior and senior high school students with an inside look at a career in medicine. Students who participate will explore their interests in medicine after being matched with local doctors who have volunteered as hosts for a day on the job.

The Program is sponsored by the Hampden District Medical Society, which is a local chapter of the Massachusetts Medical Society. The students and doctors will meet at the Baystate Health Learning Center in Holyoke for a 7:30 a.m. breakfast, spend the day together and then return to the Learning Center for a debriefing session, at 5:00 p.m. where they share their day's experience.

## **HIGH SCHOOL DOCTOR FOR A DAY ORIENTATION BREAKFAST**

April 28, 2016

7:30 a.m. – 8:30 a.m.

Baystate Health Learning Center  
361 Whitney Avenue, Holyoke, MA 01040

- 7:30 A.M. Breakfast, students and physician mentors meet
- 8:00 A.M. Welcome and Remarks – Dr. Mary Kraft
- Families are asked to leave and return at 5:00 PM for dinner and remarks by students & mentors.
  - Program History and Purpose
  - Review Confidentiality Agreement and Patient Authorization Process
- 8:30 A.M. Adjourn. Student's transportation to be discussed/determined with the doctor shadow matched doctor for a day. Neither Massachusetts Medical Society or the Hampden District Medical Society can provide any transportation of students, so please address students' transportation needs with them.

## **HIGH SCHOOL DOCTOR FOR A DAY DEBRIEFING RECEPTION & LIGHT SUPPER**

April 28, 2016

5:00 p.m. – 6:30 p.m.

Baystate Health Learning Center  
361 Whitney Avenue, Holyoke, MA 01040

- 5:00 P.M. Dinner  
Student & doctor Evaluations completed.
- 5:15 P.M. Welcome – Dr. Mary Kraft  
Certificate Awards – Dr. Kraft; Students introduce themselves, discuss their reasons for participating and speak about their day  
Optional, Physician Mentors' comments on the day  
Return of lab coats
- 6:30 P.M. Adjourn.



# Hampden District Medical Society

1111 ELM STREET, SUITE 22  
WEST SPRINGFIELD, MASSACHUSETTS 01089-1540  
TEL.: (413) 736-0661 • FAX: (413) 731-8990  
EMAIL: [hdms@massmed.org](mailto:hdms@massmed.org)

## APRIL 28, 2016 HIGH SCHOOL DOCTOR FOR A DAY APPLICATION FOR PARTICIPATION [Please type or print plainly.]

Date \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City Zip

Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade \_\_\_\_\_

Science Courses Completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Recommendation

I recommend \_\_\_\_\_  
as a candidate for participation in the **High School Doctor for a Day** program, sponsored by the  
Hampden District Medical Society, a local chapter of the Massachusetts Medical Society.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Name Daytime Phone Evening Phone

Emergency Contact: \_\_\_\_\_  
Name Daytime Phone Evening Phone

I grant permission for my daughter/son to participate in the **High School Doctor for a Day**  
program, sponsored by the Hampden District Medical Society, a local chapter of the  
Massachusetts Medical Society. **I confirm that all of my daughter/son immunizations are up**  
**to date.** Also, photographs of my daughter/son taken during the program may be used for  
publicity purposes. **If I or the Emergency Contact listed above cannot be reached during an**  
**emergency, a responsible adult may take reasonable and necessary actions in the best**  
**interests of my daughter/son.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit the following with this application:

- ☐ Two Letters of Recommendation [At least one letter of recommendation must be provided by an individual who is not a relative, such as a teacher or guidance counselor.]
- ☐ A brief essay, at least one page, on why you would like to participate in the High School Doctor for a Day program.
- ☐ Lab Coat Size M/F \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Extra Large \_\_\_\_\_  
(Lab coats are to be returned at the conclusion of the Debriefing Reception.)
- ☐ Sign the attached Confidentiality Agreement.
- ☐ Indicate your medical specialty preference[s] \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- ☐ Language(s) spoken: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Please send completed applications to: Hampden District Medical Society, 1111 Elm Street, Ste. 22, West Springfield, MA.  
Fax: 413-731-8990; Phone: 413-736-0661

**Application Deadline: April 1, 2016 (received at the office) NO LATE APPLICATIONS ACCEPTED**  
01/04/16



# *Hampden District Medical Society*

1111 ELM STREET, SUITE 22  
WEST SPRINGFIELD, MASSACHUSETTS 01089-1540  
TEL.: (413) 736-0661 • FAX: (413) 731-8990  
EMAIL: hdms@massmed.org

## CONFIDENTIALITY AGREEMENT

**Date: April 28, 2016**

I, \_\_\_\_\_, will be shadowing the doctor  
chosen by the Committee.

Recognizing the importance of the integrity of the physician-patient relationship, I promise to honor the confidentiality of each patient whose care and treatment I am allowed to observe with the doctor as part of my participation. I agree that I will not reveal to anyone the names of the individual patients whose care and treatment I observe as a result of my participation in the program, nor will I discuss with anyone any details of the experience that might cause any patient's identity to be revealed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

Parent /Guardian

I (parent) have read this confidentiality agreement and understand its importance.  
**I confirm that the student is healthy and has received the necessary school immunizations.**

**Date:** \_\_\_\_\_ **Signature of Parent** \_\_\_\_\_